

## VIRGINIA MEDICAID COVERAGE OF TRANSPLANTS

Transplant	< Age 21*	> Age 21	Authorization Required**	Payment***
Kidney	Yes	Yes	Yes	50300, 50320, 50340, 50360, 50380- these codes paid based on fee file
Corneas	Yes	Yes	No	65710, 65730, 65750, 65755- these codes paid based on fee file
Liver	Yes	Yes	Yes	\$155,000/50% stop loss
		Effective 07/01/2000 will be covered		
Heart	Yes	Yes	Yes	\$110,000/50% stop loss
		Effective 07/01/2000 will be covered		
Artificial Heart	Yes	Yes	Yes	\$110,000/50% stop loss
		Effective 11/01/2015 will be covered		
Lung	Yes	Yes	Yes	Single \$110,000/50% stop loss Double \$135,000/50% stop loss
		Effective 07/01/2000 will be covered		
Heart & Lung	Yes	No	Yes	\$137,500/50% stop loss
Bone Marrow	Yes	When it is for Diagnosis of <ul style="list-style-type: none"> <li>• <b>Myeloma</b> (eff.07/01/00)</li> <li>• <b>Lymphoma,</b></li> <li>• <b>breast cancer or leukemia</b> (eff.07/01/1998)</li> </ul>	Yes	Autologous \$80,000/55% Allogenic \$120,000/55%
Small Bowel	Yes	No	Yes	\$211,000.00/55% stop loss
Small Bowel with Liver	Yes	No	Yes	288,500.00/55% stop
Pancreatic Transplant	Yes	No	Yes	\$80,000.00/55%

\*Any medically necessary transplants that are not experimental or investigational are covered for children under 21 years of age, when preauthorized.

\*\*All hospital admissions require preauthorization

\*\*\*Fee or actual costs, whichever is lower.

Revised January 21, 2016

## **Transplant Payment Methodology**

The flat fee includes:

- Procurement
- Hospital (all costs from date of admission through discharge) for the transplant procedure.
- Physician (Total professional component for all physicians providing services during transplant stay including radiologist, pathologists, oncologists, surgeons, pediatricians, etc.)

DMAS has established that reimbursement for organ transplants be the actual charges if less than our established flat rate; the flat rate; or the stop loss % of the actual charges, whichever is more. The actual charges to DMAS from the hospital facility must include the following: all procurement costs, all hospital costs (from date of admission through discharge that the transplant occurred), all physician (total professional component for all physicians providing services during transplant stay including radiologist, pathologists, oncologists, surgeons, pediatricians, etc.) services.

DMAS does not include the following services within the transplant reimbursement: pre- and post hospitalizations for the transplant procedure (any service before or after the hospitalization that the transplant occurred except for procurement charges), pre-transplant evaluation and any donor match testing.

Example: Our current flat rate is \$211,000.00 for the small bowel transplant or \$288,500.00 for the small bowel with a liver transplant. In order for the 55% stop loss to be activated, the facility's total charge would have to be greater than \$383,636 for small bowel or \$524,545 for the small bowel with liver.

### **Claim Processing:**

Reimbursement is only provided to the facility where the transplant occurs. The facility is to bill all physician charges on their UB-04 using revenue code 0960.

Facilities are to obtain a prior authorization for the inpatient hospitalization in same manner as all other inpatient admissions.

Claims are sent to: Department of Medical Assistance Services  
Attention: Payment Processing Unit  
600 East Broad Street, Suite 1300  
Richmond, Virginia 23219